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CONFIRMATION NO. 3901

Bib Data Sheet

SERIAL NUMBER 09/893,187	FILING DATE 06/27/2001 RULE	CLASS 455	GROUP ART UNIT 2617	ATTORNEY DOCKET NO. 14088
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	3	36	8
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

SYSTEM AND METHOD FOR OVER THE AIR PROGRAMMING

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)